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Date June 18, 2007

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| FEE TRANSMITTAL For FY 2007 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT TOTAL AMOUNT | Effective on 12/08/2004. | | | | Complete if Known | | | | | | |
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| FIGURE FEES Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 2200.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-1540 Deposit Account Name: Hedman & Costigan, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (5) Fee (3) Fee (| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Number 10/634,321 | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 2200.00 Art Unit 1616 Attorney Docket No. 141-577 | | | | | Filing Date August 4, 2003 | | | | | | |
| Art Unit 1616 Attomey Docket No. 141-577 | | | | | First Named Inventor Unchalee Kositprapa | | rapa | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 2200.00 At Unit 1516 Attorney Docket No. 141-577 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-1540 Deposit Account Name: Hedman & Costigan, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee SEXAMINATION FEES Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee Paid (S) Fee Paid (S) Fee (S) Fee (S) Fee (S) Fee (S) | Applicant claims amall antity status. See 27 CER 4 27 | | | | Examiner Name Alstrum Acevedo, Ja | | , James Henry | | | | |
| METHOD OF PAYMENT (check all that apply) ✓ Check | | | | | Art Unit 1616 | | | | | | |
| Check | TOTAL AMOUNT OF PAY | MENT | (\$) 2 | 200.00 | Attorney Dock | et No. 141 | -577 | | | | |
| Deposit Account Deposit Account Number: 08-1540 Deposit Account Name: Hedman & Costigan, P.C. | METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee ARRINING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (s) Fe | Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
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| Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) | . * | 300 | 150 | 500 | 250 | 200 | 100 | · | | | |
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| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets | | pendent cla | | greater than 3. | | | | | | | |
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| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3-month extension, RCE fee, 3 terminal disclaimers SUBMITTED BY Registration No. 55 878 Telephone 212 202 8080 | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3-month extension, RCE fee, 3 terminal disclaimers SUBMITTED BY innature Telephone 212 202 8080 | <u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | | | | | | | | | |
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| ignature Registration No. 56,878 Telephone 212-302-8989 | SUBMITTED BY | | | | | | | | 三 | | |
| | ignature | N | | | Registration No. (Attorney/Agent) | 56,878 | Telepho | ne 212-302-8989 | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Matthew J. Solow